MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/58796 APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 nd AMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
3 4						
3						
5				-/,-		
6						
7			7			
8						
9	*		7			
10						
11						
12						
13						
14				,		
15			— ·-,—	-/- -		
16 17				-/- -		
18				- /- 		
19				7		
20				1		
21						
22						
-23						
24						
25						
26						
27						
28 29						
30						
31						
32		1		j terj	1	
33						
34						
35						
36						<u> </u>
37						ļ
38						
39 40						
41						
42				<u> </u>		
43						
44						
45						
46		·				
47						<u> </u>
48						ļ
49 50						
TOTAL			-1			
IND.		•	0	₩.		♥
TOTAL DEP.		(13.	+		+
TOTAL			19	75.5		193 May

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		6				
53						
54						
55 56					L	
56 57						
58						
59						
60						
61						
62	7					
63						
64						
65						
66						
67						
68						
69						
70						
71 72						
73						
74						
75						,
76						
77		1				
78						
79						
80						
81			,			
82						
83						
84						
85		·				
86						
87 88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99		<u> </u>		 		
100 TOTAL						
IND.		₽		♣		. ♣
TOTAL DEP.		4		+		4
TOTAL CLAIMS		A second				